PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
7	OTAL CLAIMS	3 · . ·			,		RAT	Έ	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
Ţ	OTAL CHARGE	ABLE CLAIMS	minus 20=		• 0.		X\$ 9)=	70	OR	X\$18=		
ĺΝ	DEPENDENT C	LAIMS	minus 3 =		•		X43	=		OR	X86=	÷	
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT					;=		OR	+290=		
*1	* If the difference in column 1 is less than zero, enter "0" in column 2								2	j ⊂ I ∮OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A	1/9/1	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 44	Minus	4	17	.	X\$ 9	=		OR	X\$18=		
	Independent	NITATION OF M	Minus	***	CLAIM	-	X43	=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (Column 1) (Column 2) (Column 3)								=	•	OR	+290=		
								EE		OR	TOTAL ADDIT. FEE		
AMENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 44	Minus	- 4	7	<u>- 0</u>	X\$ 9	=		OA	X\$18=	•	
	Independent	NTATION OF MIL	Minus	ANDENT	F CLAIM	<u></u>	X43	-		ОЯ	X86=		
<u>-</u> -	- Moi Picac		· ·	- CIVOCIVI		+145	=	• .	OR	+290=	•		
•							ADOIT, F			OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		#	X\$ 9			OR	X\$18=		
AME	Independent	•	Minus	***		=	X43=	1		OR	X86=	•	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT	CLAIM		+145:	_		OR	+290=	•	
•••!	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
T	ne "Highest Num!	ber Previously Paid	For (Total or	Independer	nt) is the	highest number	tound in the	appr	obuste pox	iu coļn	imo I.	•	